



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES January 14, 2016

Approved
2/11/2016

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT <i>(cont.)</i>	COMMISSION MEMBERS ABSENT	DHSP STAFF
Bradley Land, <i>Co-Chair</i>	Charles Maddox	AJ King, MPH	Kyle Baker
Ricky Rosales, <i>Co-Chair</i>	Miguel Martinez, MSW, MPH	Patricio Soza <i>(Alt. to Gordon)</i>	Paulina Zamudio
Al Ballesteros, MBA	Anthony Mills, MD	Shoshanna Scholar	
Joseph Cadden, MD	Jose Muñoz	Jason Tran <i>(Full to Leue)</i>	
Raquel Cataldo	John Palomo		COMMISSION STAFF/CONSULTANTS
Edd Cockrell <i>(Alt.)</i>	Raphael Péna		
Derek Dangerfield	Mario Pérez, MPH		Carolyn Echols-Watson, MPA
Kevin Donnelly	Juan Rivera		Dawn McClendon
Michelle Enfield	Julio Rodriguez		Jane Nachazel
Suzette Flynn	Maria Roman/Juan Preciado		Doris Reed
Aaron Fox, MPM	Sabel Samone-Loreca/		James Stewart
David Giugni, LCSW	Danielle Campbell, MPH		
Terry Goddard, MA	Erik Sanjurjo, MPH/Susan Forrest		
Bridget Gordon <i>(Full to Soza)</i>	Terry Smith, MPA/Traci Bivens-Davis		
Grissel Granados, MSW	LaShonda Spencer, MD		
Joseph Green	Kevin Stalter		
Shawn Imitates Dog	Yolanda Sumpter/Kimler Cruz Gutierrez		
Michael Johnson, Esq.	Octavio Vallejo		
Ayanna Kiburi, MPH <i>(by phone)</i>	Will Watts, Esq.		
Lee Kochems, MA	Terrell Winder		
Eric Paul Leue <i>(Alt. to Tran)</i>	Fariba Younai, DDS		
Abad Lopez	Richard Zaldivar		
PUBLIC			
Sonya Aadam	Alejandra Aguilar	Ernesto Aldana	Jaime Alvarez
Laurie Aronoff	Jamie Baker	Jason Brown	Geynna Buffington
Virginia C.	Valerie Coachman-Moore	Sal Correa	Valerie Cummings
Phil Curtis	Cynthia Da	Adriene Dausley	Norma Davis
Oscar DeLaO	Niki Dhillon <i>(OA: by phone)</i>	Adrienne Digon	Kelli Dillon

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PUBLIC (cont.)			
Ingrid Estrada	Lawrence Fernandez	Luis Garcia	Lawanda Gresham
Shawn Griffin	Miguel Gutierrez	Aunsha Hall-Everett	Judy Harris
Tiffany Hendrix	Cateasha Hog	Michelle Jones	Mike Jones
Shellye Jones	Carole Jordan-Harris	Uyen Kao	Dustin Kemone
Jeffrey King	Fred Land	Faith Landsman	Joseph Leahy
Gloria Lucas	Karen Mark, MD, MPH (<i>by phone</i>)	Eduardo Martinez	L. McBride
Armidia Mirconde	Asha Moore	Glenford Morris	Katja Nelson
Karen Ocamb	William Paja	Nikki Rachal	Maria Rangel
Sandra Rogers	Gayle Rutherford	Claudia Ruvalcaba	Bamby Salcedo
Suzette Shaw	Martha Tadesse	Maureen Tepedino	Sterling Walker
Greg Wilson	Marva Wms		

1. CALL TO ORDER: Mr. Land opened the meeting at 9:10 am.

A. Roll Call (Present): Ballesteros, Bivens-Davis, Cadden, Cataldo, Cockrell, Dangerfield, Donnelly, Enfield, Flynn, Fox, Giugni, Goddard, Gordon, Granados, Green, Cruz Gutierrez, Imitates Dog, Johnson, Leue, Lopez, Maddox, Martinez, Mills, Muñoz, Palomo, Péna, Rivera, Rodriguez, Roman, Samone-Loreca/Campbell, Sanjurjo/Forrest, Spencer, Stalter, Sumpter, Vallejo, Watts, Winder, Younai, Zaldivar, Land, Rosales.

2. APPROVAL OF AGENDA:

MOTION 1: Approve the Agenda Order with Item 12.A moved to after Item 7 (***Passed by Consensus***).

3. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve the 5/14/2015 and 12/10/2015 Commission on HIV meeting minutes, as presented (***Passed by Consensus***).

4. PUBLIC COMMENT (*Non-Agendized or Follow-Up*):

- Mr. Wilson, Deputy Director, Reach LA, announced Ms. Hall-Everett's appointment as Executive Director. She replaces Martha Chono-Helsley who has left the agency. Reach LA partnerships and collaborations are continuing to move forward. Mr. Wilson left business cards on the resource table. Anyone interested in more information was invited to contact him.
- Ms. Hall-Everett was pleased to move from the East Coast to join Reach LA as Executive Director. She was excited to work in Los Angeles, continue Ms. Chono-Helsley initiatives and Reach LA collaborations.
- Jamie Baker, Being Alive, reported the mental health program has some 30 open appointments. Services are free.
- Mr. King, Executive Director, In the Meantime Men's Group Inc., noted Los Angeles' premier Black gay men's organization just celebrated its 18th anniversary. It has joined a new statewide task force addressing Black gay men issues including HIV.
- Mr. King was also participating in the LGBT Task Force with the Department of Mental Health (DMH). Mental health issues are pervasive in the community especially among youth many of whom have difficulty navigating the system.
- In the Meantime has also launched Sex Ready. It will include billboards, social media and work with local club promoters to amplify condom distribution and distribute PEP/PrEP information. More information was on the resource table.
- Ms. Salcedo is President and Chief Executive Officer, Trans Latina Coalition, a national advocacy organization represented in 11 states. The County's transgender population is mainly in Hollywood/downtown and South Los Angeles/Long Beach.
- The RFP for transgender individuals would fund one program each in Hollywood and Long Beach. DHSP and the County was working to address disparities, but the RFP presents challenges for the community and many providers. Many trans-led agencies were unable to apply. She was concerned that some agencies applying may not be as strategic or innovative in addressing pertinent Social Determinants of Health (SDHs) especially agencies that have not previously worked with the transgender community. She hoped RFP review would address SDH, e.g., housing, employment and substance abuse.

5. COMMISSION COMMENT (*Non-Agendized or Follow-Up*):

- Ms. Forrest announced the HIV Drug and Alcohol Task Force would host an event for HIV Women and Girls Awareness Day in March 2016. Planning has just begun, but the Task Force should hear 1/15/2015 if it has approval for the MacArthur Park

venue. The Task Force would like the Commission to collaborate on the event especially regarding audio-visual resources. The goal is provide an inter-active arts and cultural event to attract people to engage in HIV testing.

- Ms. Forrest is also Secretary, Los Angeles County HIV Mental Health Task Force. She reported the Task Force was seeking a more formal relationship with the Commission, e.g., via a presentation or regular agenda item.
- Mr. Donnelly announced the next Life Group LA would be 1/23-24/2016 in West Hollywood. Contact Mr. Donnelly or Sunny Rose for information on attending the weekend seminar for people infected or affected by HIV.
- Ms. Roman noted the Request For Proposals (RFP) for transgender services was released, but many agencies that were expected to be lead agencies in the Hollywood and Long Beach areas have not taken that step. She felt transgender input was also being limited, e.g., despite the small transgender population, transgender people who provide services are being asked to step back and many issues such as housing that are core to HIV transmission are being deflected as inapplicable.
- Ms. Enfield stressed the importance of mental health. She noted she suffers from depression and anxiety which may or may not be transgender-related. It is important for transgender people, especially youth, to have access to services. Providers commonly lack culturally competent mental health services, e.g., not assuming every mental health issue is transgender-related. Providers could start by ensuring incoming staff have experience with the transgender community and its concerns.
- Dr. Mills noted he has cared for PLWH for 30 years, engaged in HIV research for 15 and been HIV+ for 27. He joined the Commission to help end the epidemic. The HIV Prevention Conference in Atlanta was the most exciting, motivating meeting he has attended. Speakers from New York, San Francisco and Washington presented well thought out plans to end the HIV epidemic. The County has no plan. He challenged the Commission and DHSP to launch 2016 by uniting to end the epidemic here. All the Atlanta speakers stressed the critical role of unity. He asked everyone to consider how they can contribute.
- Mr. Vallejo, an HIV navigator, supported Dr. Mills' vision. He urged a focus on viral suppression as the initial step. He works with five agencies in the County as well as one each in Oakland and San Francisco on that focus. It is sad to see, e.g., a client he has worked with for three years who still struggles, but the focus must be maintained for eventual success.
- Mr. Cockrell complimented the Women's Task Force Summit at the end of December 2015. He led applause for the effort.
- ➡ Explore more formal relationship with the Los Angeles County HIV Mental Health Task Force.

6. CO-CHAIRS' REPORT:

A. Recognition of Service:

(1) Michael J. Johnson, Esq.:

- Mr. Land said Mr. Johnson joined the Commission in 2007 with great humility. After his HIV diagnosis, he succumbed to substance abuse and had lost his law practice. The Commission became an avenue for renewal.
- He stepped up to leadership responsibilities as Co-Chair of Operations and worked to revitalize Public Policy.
- As Commission Co-Chair, he envisioned integration of care/treatment and prevention services and guided Commission integration with the Prevention Planning Committee overcoming years of unsuccessful efforts.
- Presentation of plaque from the Los Angeles County Commission on HIV reading: "Michael J. Johnson, Esq., In recognition for your vision, leadership and invaluable contributions as Commission Co-Chair from 2011 to 2015."
- Mr. Johnson said Commission members stand on the shoulders of giants. He was grateful to have been part of it. It was life-changing and he hoped it would be life-changing for continuing Commission members. The people he's met, the job he does now and people he calls friends were a direct result of his time at the table.
- He met true warriors like Messrs. Ballesteros and Land who have done heavy lifting for 25 years that saved his life before he even knew HIV mattered. He honored them and others around the table who have fought for years such as Dr. Younai; his Co-Chair, Mr. Rosales; and his prior Co-Chair, Carla Bailey. He thanked all the members.
- He called attention to Ms. McClendon's tireless work. None of his work would have been possible without her hard work and emotional support for him, this body and on behalf of the fight against this disease.
- Dr. Cadden thanked Mr. Johnson for his friendship, leadership and bringing him to the Commission. He did not understand an aspect of the delivery care system that he can now bring to his patients to improve their care.

1) Fariba S. Younai, DDS:

- Mr. Land said before Dr. Younai joined the Commission it struggled with Standards of Care (SOCs) development for years. She has spent 14 years developing SOCs that changed the County by determining how to provide services.
- The Commission is able to talk with other health care systems due to her work and guidance of work of the prior Standards of Care and now Standards and Best Practices Committee. She has also presented at the All Grantees' meeting in Washington, DC and other conferences which has impacted SOC development nationally.
- Meanwhile, she has continued to treat patients including Mr. Land and advocated for their care.

- Presentation of plaque from the Los Angeles County Commission on HIV reading: "Fariba Younai, DDS, In recognition for her longstanding commitment, leadership and valuable contributions as Standards and Best Practices Committee Co-Chair from 2003 to 2015."
- Dr. Younai noted her friend Tom Donohoe, MBA, called her in 2001. He was then Deputy Director, UCLA's AIDS Institute, and is now Director and Principal Investigator, UCLA/AETC. He said they were looking for someone to represent the medical school on the Commission and she would just need to attend meetings for a few years.
- Fourteen years later she feels privileged for her time here and the people she has met including Mr. Ballesteros, Mr. Land, Mr. Johnson, Nettie DeAugustine, Craig Vincent-Jones. A family developed. A think tank formed to bounce ideas off each other and work on projects. It has been one of the most productive phases of her life.
- Collegiality made the Commission better. She hoped that would continue. Commission members come for different reasons and serve for different agendas and objectives, but the end product is only about what happens to the HIV epidemic and how much the Commission can change it. She thanked all for the opportunity to serve.

B. Welcome New Commission Co-Chair:

- Mr. Land wanted to acknowledge the Commission has been hauling a heavy load and some work was not accomplished in a timely manner. There has been resentment and anger. He sought to put the last 14 months in context.
- The Commission lost its Executive Director (ED) and the Executive Committee worked to address the situation while Committee Co-Chairs addressed a heavy work load. The ED had served as a guide so leadership needed to learn to proceed without that guidance. Priority- and Allocation-Setting and two Membership Slates had to proceed nevertheless. The latter did not meet all the desired epidemiological targets as well as could be desired.
- October 2015 saw impassioned Commission member and community leader statements on feeling disenfranchised and unsafe at the table. Mr. Land found that very challenging because people must feel safe to address stigma.
- As the new year launches, Mr. Land focused on Parity, Inclusion and Representation (PIR) to ensure all have education and tools needed to fully participate; leadership includes voices that reflect the body's diversity, e.g., women, people of color, youth, transgender persons and PLWH; and the body itself is representative of the community.
- Mr. Land noted today was particularly special for him as he usually has kept his family and advocacy separate out of respect for his mother's career as a school teacher. He thanked Fred Land for attending.
- He met with a very special friend in Atlanta when he attended the Prevention Conference. He wanted help in laying the foundations for a powerful and helpful new beginning. Michelle Jones lived in Southern California for 30 years before moving to Atlanta. She is an award-winning network television writer and producer, a speaker and pastor. She created a poem inspired by conversations with Mr. Land. She was in attendance for his presentation of "City of Angels"©.

C. Executive Director (ED) Search Update: Mr. Rosales reported the Executive Committee interviewed two candidates in December. A recommendation was forwarded to the Executive Office which informed the Commission on 1/13/2015 that the position was offered to one of the candidates. Negotiations were ongoing. An ED may be hired by February.

D. Executive Committee At-Large Open Nominations:

- Mr. Rosales noted three At-Large members represent the Commission on the Executive Committee for one-year terms.
- ➡ The three current At-Large members were renominated: Dr. Mills, Mr. Rivera and Mr. Smith. Nominations, including self-nominations, can be emailed to the Commission office and remain open until elections at the 2/11/2016 meeting.

E. Monthly Membership Update:

- Mr. Stalter noted the resignations of Mr. Johnson, Representative, Board Office 4; Dr. Younai, Part E representative; and Ted Liso, Unaffiliated consumer, At-Large 1. In addition, there are vacancies for: Unaffiliated consumer, SPA 1; Unaffiliated consumer, SPA 3; Unaffiliated consumer, Supervisory District 5; and Representative, Board Office 3.
- He invited all attendees to consider possible candidates, including themselves if applicable, to refer to him.

F. Integration Advisory Board (IAB) Update: Mr. Fox reported the IAB did not meet in December due to the holidays. The next meeting will be 1/27/2016, 9:00 am. It will hear updates on progress from the three departments and IAB Committees formed at its last meeting. Mr. Fox will be at Creating Change in Chicago so will be unable to attend the IAB meeting.

7. COLLOQUIA SERIES: "WOMEN AT RISK: BLACK WOMEN AND THE HIV/AIDS EPIDEMIC":

- Ms. Kao, UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS) introduced "Women at Risk: Black Women and the HIV/AIDS Epidemic," written, produced and directed by Ms. Cummings, Professor, Broadcast Journalism and Media Law, University of La Verne. A panel discussion followed the film with: Ms. Bivens-Davis, moderator; Ms.

Campbell; Ms. Cummings; Ms. Gordon; Ms. Sumpter. This colloquium was co-sponsored by the Commission, the Office of Supervisor Mark Ridley-Thomas and CHIPTS. The video is posted on the CHIPTS website.

- Black women represent 60% of women newly infected with HIV and 90% of those were infected through heterosexual relations. Self-esteem, incarceration of Black men and sexual abuse were highlighted as contributing factors..
- There are 1.9 million more Black women than men in the United States and one in three Black men will be incarcerated in his lifetime. Competition for men encourages women to make decisions that compromise their health, e.g., not using condoms. The high incarceration rate also destabilizes family structures while men are away and returning men may introduce public health risks into the community from sexual or Intravenous Drug Use (IDU) activities while incarcerated.
- The Centers for Disease Control and Prevention (CDC) reports most HIV+ incarcerated men were infected prior to entry, but the Department of Justice reports only five states require an HIV test on entry and exit. Most inmates must ask to be tested.
- The rate of HIV infection for Black women is 20 times that for white women and five times that for Hispanic women. Frank conversations and education are needed community-wide to dispel myths and stigma among both Black women and men.
- Ms. Bivens-Davis encouraged solution-focused comments. In addition to education, panel suggestions included more research, more emphasis on community-wide education versus population-specific efforts and reducing barriers to access.
- Ms. Cummings noted she spoke with many women not included in the film. Top concerns for the majority were financial issues, e.g., paying rent, and caring for their children. Though at risk, they were not engaged in prevention education.
- A Coalition of STD LA representative, originally from Senegal and previously with Doctors Without Borders, said Senegal began to address HIV/AIDS in 1986. It reduced prevalence from 0.8% to 0.5% by working with religious leaders, traditional healers and using peer education with youth starting from age 5. Sex work is legal and sex workers are educated about HIV and tested for it monthly. All organizations and groups work together. The key is unity, peace and love for each other.
- Ms. Adam, Chief Executive Officer, California Black Women's Health Project, reported they were promoting films such as this, e.g., "Even Me," about HIV+ Black women over 50. Many lack terminology to discuss HIV and skills to address it with partners, family and friends. She urged lay language outreach in the community including churches and sororities.
- Ms. Sumpter spoke at both City of Refuge services recently. Services were streamed nationally and internationally. She encouraged women to stay after the meeting to network. The first Women's Caucus meeting will also be 1/19/2016.
- Ms. Shaw, Co-Chair, Downtown Women's Action Coalition and Skid Row resident, noted many women on Skid Row were domestic and sexual assault survivors. Skid Row is predominantly male, Black, middle-aged or older and misogynistic. Safe spaces for women are critical in general and especially for conversations and to seek health care. She has also asked Black male leaders in the community to have conversations with the men in the community, but often she must do it.
- Ms. Aguilar provides support groups for HIV+ women. Addressing childhood and sexual abuse allows them to recognize their value and self worth, move beyond co-dependency and address their health issues.
- Ms. Salcedo appreciated the inclusive cisgender and noncisgender language for women. She said funds for services vulnerable women need is often cut, e.g., child care and transportation. She suggested private sector collaboration.
- Nurses Miranda and Tadesa said they have worked with incarcerated women and men for four years at the Los Angeles County Jail in SPA 4. They see 300 to 400 patients per month with many HIV+. New HIV infections are diagnosed each week including men in their late 50s. Consistently, their patients want basic needs met as soon as released, e.g., food, clothing, housing. Then they can be linked to medical care. Without the basics, both men and women inevitably return to Jail.
- Mr. Rodriguez complimented the film, panelists and discussion especially concerning childhood sexual abuse. He urged agencies to begin asking about abuse for both at risk and HIV+ clients because effects can last a lifetime.
- Mr. Muñoz said members of HIV+ support groups face similar challenges so suggested a Caucus representing them all.
- Ms. Cummings noted the film presentation was free to support education. It was aired on WHUT, a Washington DC PBS station, but not as yet locally. Mr. Zaldivar offered to advocate for KCET to air the film. He urged unity among populations.
- Ms. Bivens-Davis said community-wide education was key and suggested speaking to parents at schools on health issues.

8. RECESS:

9. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT:

A. Administrative Agency:

- Mr. Pérez, Director, thanked the film participants and panel for a deep perspective on HIV's impact on Black women.
- Usually DHSP does not discuss released RFPs during its Commission report, but he wished to address some questions concerning DHSP's intentions concerning some nonnegotiable requirements pertaining to those solicitations.
- As Dr. Younai elaborated, the Commission guides not just the HIV care/treatment response but is planning a more progressive County HIV prevention response. DHSP has an approximately \$7.5 million annual investment in HIV

prevention serving multiple groups including some with very high HIV rates, e.g., upwards of 20% for male-to-female transgender persons and upwards of 30% for young MSM of color.

- Approximately 0.6% of the County's population is HIV+ including 0.9% of men and 0.3% of women. 1,800 new infections were expected in 2016 with 150 to 200 of those among women including 40% among African-American, 40% among Latina and 20% among white women. The challenge is how to evolve and update an HIV prevention toolbox that addresses issues raised in the film: incarceration, abuse, poor disclosure rates, stigma, shame, homophobia.
- Policy, education and outreach were identified as potential avenues to address issues. The question is whether the programs DHSP currently supports have the skill, reach and effectiveness to ensure more women stay HIV-.
- DHSP has committed to extend Health Education/Risk Reductions (HE/RR) programs past June through 2016. An open discussion about how to structure prevention beyond 2017 should be initiated once current RFPs close in a few weeks.
- One of two recently released RFPs holistically addresses young MSM of color. It is a radical departure from what DHSP has funded historically with elements that a typical HIV/STD program in the US would support, but also reflects candid feedback from young MSM of color on programmatic elements to help people stay HIV- or healthy if already HIV+.
- Similarly, DHSP has received volumes of feedback from transgender service provider partners, advocates and health leaders on the health needs of the transgender community. DHSP has developed holistic RFPs to address many of those issues and takes pride in doing so when there are no dedicated funds to address transgender health needs.
- Ms. Roman was concerned about the definition of "consumer." There are provider and consumer Community Advisory Boards (CABs), but she felt she should be able to choose where to offer feedback. She works with transgender people now, but was unemployed for five years and could be again. The community is small so that could apply to many.
- She also stressed the importance of Social Determinants of Health (SDH), e.g., housing and unemployment. She has been told this is "DHSP-funding" and SDH issues are sidelined. As an innovative RFP, she hoped it would not fund more support groups whose participants are living on the street. She sought transparency and accountability.
- Mr. Pérez said DHSP expects consumers of these services will play an active role in program development, assessment and ongoing evaluation. That is non-negotiable. For too long, consumers have lacked a voice in implementation of DHSP-funded services. These two RFPs will be the first of many in which that voice will have a clear, dominant role.
- Mr. Pérez replied to Ms. Enfield that he could not discuss RFP specifics as there is a structured process with a bidders' conference. Discussion of related topics at the Commission would undermine equal standing of all potential applicants.
- A conversation is needed on women's prevention needs. There are approximately 450,000 African-American women in the County. Possible strategies include policy and broad social marketing. HE/RR programs are relatively small scale and operate only in select zip codes so may be unable to deliver the desired impact. Territorial issues must be cut through.
- Mr. Pérez briefed the County Department of Public Social Services (DPSS) about the ongoing challenge with timely Medi-Cal disenrollment that ultimately precludes people from rapid ADAP or Care-HIPP enrollment. He stressed the importance of maintaining medication from a public health infectious disease standpoint and shared advocacy on the issue including that of Mr. Stalter and the Thrive Tribe with our state partners. Emails itemizing cases were helpful.
- He was meeting the next week with the DPSS person in charge of Medi-Cal enrollment issues. He hoped to have a more aggressive plan in the next few weeks to prioritize PLWH trying to disenroll. Clients may need to disclose HIV status to a DPSS worker, as they do for ADAP enrollment, for expedited processing. He was open to other strategy suggestions.
- Dr. Cadden suggested PrEP advertising. Many agencies have free HIV testing billboards near the campus where he teaches, but there are none for PrEP. Many, not just the disenfranchised, are uneducated. For example, he teaches a global medicine course with an HIV module for master and doctoral degree students. Four of 50 had heard of PrEP and one knew what it was. A new patient was an executive who could have been on PrEP, but had not heard of it before.
- Mr. Pérez replied DHSP has a KCVS Marketing contract supporting a range of community initiatives. The prior focus was on testing. DHSP and KCVS have been working nine months on developing biomedical prevention collateral material. Some materials focus on populations targeted for PrEP, e.g., young men of color, gay men, transgender persons, women of color. A brochure features targeted populations and walks people through the basics of PEP and PrEP.
- DHSP was also negotiating a public health detailing program with a firm that has educated clinicians in New York City. That program is designed to quickly educate clinicians most likely to serve good candidates for biomedical prevention.
- Billboards and ad buys are a separate conversation. The County is the second most expensive US media market. A 30-day billboard campaign with no follow-up is not very sustainable. A \$4 to \$5 million social media campaign might be funded in 10 zip codes for six months, but that would necessitate not funding on-the-ground prevention programs. Meanwhile, DHSP continues to hear about consumers seeking PrEP whose clinicians are uncomfortable prescribing it. The Commission needs to have more intense conversations about how to best increase understanding about PrEP.

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- He noted the appeal for an end to AIDS strategy by Dr. Mills, Mr. Vallejo and others in the community. Mr. Pérez will meet with Dr. Mills the following week to review his ideas. DHSP was also developing discussion points on the topic.
- Ms. Bivens-Davis found the prevention conversation important. That morning's film emphasized the impact of SDH on a major part of the community, but women are invisible in PrEP conversations though they have sex with men and men have sex with both men and women. Even at a recent PrEP provider meeting, she had to ask what they were doing to reach the regular sex worker at the building's steps and explain to her how PrEP is applicable. She urged asking women in the County how they want to be reached rather than going across the country to ask. Ask women you see every day.
- Mr. Fox always asks Gilead representatives why they do not advertise Truvada for PrEP. It is the only current PrEP medication and is advertised for treatment which discriminates against HIV- people at risk and is counter-intuitive since Gilead would benefit. He did not propose relying solely on Gilead, but felt all sectors have a responsibility to inform people in an honest, nonjudgmental way. The best PrEP messages for each population still need to be developed.
- His organization, the LGBT Center, does disseminate information though it is expensive. Advocates, public health officials, medical professionals and other organizations have also worked to improve education, but significant misinformation was still being disseminated and some populations were not receiving information at all.
- Mr. Pérez agreed a concerted biomedical prevention outreach, education and awareness strategy was important. He looked forward to strategy input from KCVS and others, but it cannot be based solely on DHSP funding. It requires a multi-prong financing approach to pay for social marketing in the County with agencies leveraging their budgets.
- In 2014, providers funded by a DHSP prevention contract were mandated to go through a biomedical prevention training in Alhambra to ensure providers that interface with patients most at risk understood and could provide it. Additional trainings may be needed to reach a broader cross-section of clinicians and account for provider turnover.
- Mr. Zaldivar supported advertising and social marketing, but most people in the Latino community are not impacted. Many young Latinos will say they have heard of PrEP, but even those who do cannot define it. They need the same level of intensive education that was marshaled to educate them on condom use. Latinos are not accessing PrEP at the same levels as other groups either in the County or nationally. Not all interventions work equally across populations.
- Ms. Ocamb, News Editor, Frontiers Magazine, has covered the AIDS epidemic since 1984 and felt issues had not changed, e.g., how to address prevention, nonjudgmental education and reaching those who choose not to disclose.
- She was writing a story to update the community on the Commission especially due to its long ED vacancy. She asked about RFP transparency, the \$2 million returned to the state and rollover of 2015 Minority AIDS Initiative (MAI) funds.
- Mr. Pérez noted the County was in an open competition to serve young MSM of color and transgender persons via an RFP. Anything he said in this forum on critical program elements could be used to help some applicants, but not others.
- He will meet with her privately on allocation details, but DHSP has advised the Commission for years that health care and HIV financing were undergoing radical transformation. The pool of Ryan White-eligible patients is shrinking. The role of Medicaid, Federally Qualified Health Centers (FQHCs) and Independent Physician Associations (IPAs) is growing.
- DHSP is a County-operated program supported by Ryan White and the CDC with no leverage over FQHCs, overseen by our federal partners, or Medicaid, overseen by our state partners. An end to AIDS strategy needs to understand the role of FQHCs, IPAs and countywide Medicaid-funded programs in addition to Ryan White- and CDC-funded services.
- There are 38,000 to 42,000 PLWH in care, but less than 6,000 are in the Ryan White system. The question for the Commission and the County is how those other 30,000+ PLWH are faring. Those are the needed conversations. The Commission can make progress in ending AIDS only if it learns to understand and use pressure points for other system, e.g., how agencies work, what they focus or do not focus on, and whether incentives are there for HIV work.
- Mr. Gutierrez noted he has moved from St. Mary's Care Program to private sector consulting. Federal data from some FQHCs, even some with thousands of patients, shows zero people linked to HIV medical care over the last few years. Some receive DHSP funds. FQHCs serve 15% to 25% of low-income patients.
- IPAs have large panels and reward providers for cancer screening and pap smears, but not HIV testing. Also, some hospitals receiving state funds lack HIV testing on standardized emergency room STI panels. He urged advocacy, e.g., he recently advised a potential client that he required standardized HIV testing in his contract. The client agreed.
- ➡ Mr. Pérez recommended the Commission facilitate a conversation on HIV prevention in the County once the two current RFP responses are submitted. Other pertinent input will be work on the Comprehensive HIV Plan (CHP), the Los Angeles Comprehensive HIV Needs Assessment (LACHNA) and the Service Utilization Report (SUR)
- ➡ Mr. Baker will schedule a meeting with Mr. Pérez and Ms. Ocamb on background for an article on the Commission especially concerning the \$2 million returned to the state and 2015 MAI funding rollover.

B. HIV/STD Services:

- The Board endorsed DHSP's recommendation to allow 14 respondents to the biomedical prevention Request For Statement of Qualifications (RFSQ) to move forward and be eligible to respond to a work order solicitation. DHSP was drafting PEP and PrEP elements it wants to support and expects to release the solicitation by the end of January.
- Earlier this year, DHSP initiated support for PrEP at two public health clinics. The North Hollywood Health Center has already enrolled 50 people in PrEP despite the newness of the program. Several people in the early acute HIV infection stage have also been identified and linked to medical care.
- The Dr. Ruth Temple Health Center has seen lower enrollment despite a known at risk population. For example, a young man may present with rectal gonorrhea one month and syphilis the next, but choose to decline PrEP. DHSP will engage in qualitative interviews with such patients to better identify barriers to engaging in the service.

C. Research/Surveillance: There was no report.

10. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. California Planning Group (CPG): The next in-person meeting will be 4/11-12/2016 in Sacramento. The meeting will be open to the public and there may be an opportunity for public comment. The OA website has more information.

B. OA Work/Information:

- Ms. Dhillon, Chief, ADAP Branch, reported Management Memo 21, disseminated 12/1/2015, informed ADAP Enrollment Workers about OA-HIPP client letters regarding 2014 Covered California refunds. A sample was attached.
- Management Memo 22, disseminated 12/2/2015, informed ADAP Enrollment Workers that, effective 12/2/2015, a four-drug combination ARV was added to the ADAP formulary.
- Management Memo 23, disseminated 12/10/2015, provided ADAP Enrollment Workers with new and updated tools to help them transition clients to comprehensive health coverage including an ADAP quick reference guide for Covered California, an updated screening flow chart for Medi-Cal and Covered California, a comprehensive health care coverage fact sheet and an updated ADAP Covered California 2016 comparison chart. All Memos are on the OA website.
- Ms. Kiburi, Chief, HIV Care Branch (HCV), noted the HCV and MAI three-year contracts end 3/31/2016. OA hosted a 12/10/2015 webinar overview of the 2016-2018 Cooperative Agreement process and budget Technical Assistance (TA) especially on the 10% administrative cost cap and guidance on effective allocation of quality management activities.
- The Prevention Branch will host a New Landscape Workshop, 1/31-2/2/2016, in Berkeley to provide capacity building assistance and receive stakeholder input on High-Impact Prevention (HIP) programs to reduce new infections; increase access to PrEP and other strategies for those at high risk; and increase PLWH on treatment and virally suppressed. Local Health Jurisdictions, AIDS Directors, Prevention Program Coordinators, CPG and other stakeholders were invited.
- Keynotes speakers will be Phil Wilson, Black AIDS Institute, and Dr. Robert Grant, Lead Investigator for several studies.
- In other PrEP news, contracts for the four jurisdictions awarded CDC 15-1506 funds began 1/1/2016. Meanwhile, the General Fund PrEP and PrEP Navigation Services Request For Application (RFA) was in final review with expected release in January on the OA website and an email announcement to stakeholders and interested parties.
- PrEP activities in the three HIV demonstration projects were proceeding. The LGBT Center PrEP project's new West Hollywood clinic site has seen a dramatic increase in new PrEP clients. Insurance issues require the most attention as clients initiate PrEP. San Diego and San Francisco projects were in formative and initial PrEP navigation services phases.
- The CDC National HIV Prevention Conference offered a significant number of PrEP presentations. A core Conference element was the need to appreciate that to achieve zero new infections would require prevention and Prevention For Positives to achieve undetectable community viral loads together with increased use of PrEP for high-risk persons.
- OA staff also participated in a meeting in Atlanta sponsored by PleasePrEPMe.org and AIDSvU.org for those who organize PrEP provider directories to strategize on how best to develop a national PrEP directory. Attendees included representatives from state- and directly-funded CDC grantees, ARTCs, CDC, the new Gilead PrEP marketing staff person and PrEP researchers including Dr. Grant and Emory University staff. OA will continue to work with the group.
- OA joined a community forum in Atlanta sponsored by Med IQ, Health IV, Positively Healthy and the National Coalition on LGBT Health. Dr. Grant and Damon Jacobs, creator of the PrEP Facts Facebook group, among others presented and facilitated groups for consumers, advocates, Community Based Organizations (CBOs) and health care providers. Information will be used in ongoing development of PrEP best practices.
- The Building Healthy Online Communities co-founders hosted a meeting of CDC and CBO staff after the Conference on strategies to enhance use of internet resources. PrEP, PEP and syringe access were priority topics. OA will monitor the

group's continued exploration of online standards, collaboration with the CDC's new toolbox and other CDC-sponsored sites, and refinement of online methods for HIV prevention. OA will provide guidance to contractors as appropriate.

- Partner Services is launching a new training curriculum, "Introduction to HIV Partner Services in California," focusing on revamping skills and techniques on offering and acceptance of Partner Services. Training is data-driven with an independent TA plan and site visit. All 19 OA prevention-funded programs will be trained by September 2016.
- The ban on use of federal funds for Syringe Exchange Programs (SEP) was effectively lifted by the Budget Act of 2015 signed 12/17/2015. The law allows OA and its state partners to fund SEPs with CDC HIV prevention, Health Resources Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration (SAMHSA) funds, as appropriate. Funds can be used for staff, rent and other aspects of program operations, but not needles or syringes.
- Each state must consult with the CDC prior to using federal funds to support SEPs. OA will update its information once the CDC releases the protocol for the consultations and the California consultation has been completed.
- As previously reported, the California 2015-2016 Budget, starting 7/1/2015, includes \$3 million in new General Funds for SEP supplies. OA was establishing a clearinghouse for general SEP supplies, needles, syringes and sharps disposal containers. All authorized SEPs including those run by health departments and those not funded by OA are eligible. OA will release an RFP for supplies and one for sharps disposal for an expected program start in spring 2016.
- Dr. Mark, Chief, OA, reported Governor Brown released his 2016-2017 Budget. The proposal does not change the General Fund's support for local systems of \$6.6 million, HIV surveillance; and \$7.5 million, HIV prevention.
- The proposed Budget includes one new ADAP and one revised ADAP policy change. The new change is savings due to the cross-match of Ryan White client data to the Med System to minimize the possibility of paying for medications that should be billed to Medi-Cal or other third party payers such as Medicare Part D or Covered California. OA executed an interagency agreement with the Department of Health Care Services (DHCS) that allows for a monthly cross-match of Ryan White client data. The first cross-match was implemented in May 2015. Cross-matches will continue monthly.
- Clients found to be enrolled in Medi-Cal without a share of cost are disenrolled from ADAP after confirmation of their coverage as required by the payer of last resort rule. Such clients who arrive at an ADAP pharmacy for medications will have them billed to Medi-Cal rather than to ADAP. Prior medication expenditures will also be billed to Medi-Cal through a pharmacy back-billing process to the extent allowable by Medi-Cal.
- Estimated net ADAP savings are \$2.4 million for Fiscal Year (FY) 2015-2016 and \$3.1 million for FY 2016-2017.
- The revised policy change is in payment of out-of-pocket medical expenses for all OA-HIPP clients. OA released an RFP 9/4/2015 for both Insurance Benefits Manager and Medical Benefits Manager services to pay insurance premiums and medical out-of-pocket costs. The agreements were awarded 1/5/2016. Services will be implemented in spring 2016.
- An estimated 206 additional clients will enroll in OA-HIPP Covered California in FY 2015-2016 due to the payment of out-of-pocket costs for additional savings of approximately \$658,000. An estimated 747 additional clients will enroll in OA-HIPP Covered California in FY 2016-2017 for additional savings of approximately \$5.9 million.
- Mr. Stalter asked what OA's state partners considered a reasonable timeframe for Medi-Cal disenrollment. Dr. Mark said OA had ongoing discussions with Medi-Cal on the issue, but Medi-Cal would need to answer for their program.
- Mr. Stalter also asked if it was still necessary to have an actual letter of disenrollment from Medi-Cal to enroll in ADAP rather than an application for disenrollment. Dr. Mark replied actual disenrollment was required.
- Mr. Pérez suggested considering a policy that California would honor an application for Medi-Cal disenrollment as a proxy for ADAP enrollment given the crucial nature of accessing medications for PLWH stuck for a protracted time. He asked if Dr. Mark, as Chief, OA, would support that policy if the County appealed to Medi-Cal leadership in Sacramento.
- Dr. Mark replied the issue is actually ADAP statutory authority which defines ADAP as the payer of last resort. A client in Medi-Cal is not eligible for ADAP. OA does take the concern seriously and is discussing it with Medi-Cal.

11. HOPWA REPORT: There was no report.

12. STANDING COMMITTEE REPORTS:

- ➡ Committee Co-Chair elections will be held at January meetings. Nominations were open.

A. Standards and Best Practices (SBP) Committee:

(1) Standards of Care (SOC) Presentation:

- Dr. Younai called attention to the HIV Care and Prevention Standards memorandum in the packet. It provides a full description of the proposed plan to develop prevention standards and a review of those for care. The PowerPoint offers an overview of the standards development process and how it relates to the HIV Continuum of Care.
- Development of standards is not only an SBP responsibility, but requires participation from the full Commission.

- The Ryan White Treatment and Modernization Act requires Ryan White-funded jurisdictions to establish SOC's for all services they support. Planning Councils (Commission) are charged with developing SOC's to guide concepts and language for service contracts issued by the Administrative Agency (DHSP) and help meet National HIV/AIDS Strategy (NHAS) to prevent new infections, increase the proportion of PLWH aware of their infection, prevent HIV-related illness and death, and reduce HIV-related health disparities. The Commission began development in 2004.
- Legislation requires adherence to Quality Management expectations that meet or exceed professional standards.
- SOC's are key to planning and implementing the HIV Continuum of Care. They provide minimum expectations for service delivery and are also used for Priority- and Allocation-Setting (P-and-A), procurement, evaluation, research such as on best practices and financing such as on service unit costs.
- SBP and its predecessor, the Standards of Care Committee, completed 31 original and five combined SOC's for care. One combined SOC, Transitional Case Management (CM), was currently being re-separated into youth and incarcerated services. SBP will be shifting overall focus to develop prevention SOC's. Care and prevention SOC's with Population-Specific Guidelines for key, priority and emerging populations will together address all interventions.
- The same process maintains consistency for all SOC's. An SOC draft based on all available sources is reviewed by an Expert Review Panel (ERP), revisions are incorporated and reviewed by the ERP. A Standards Subcommittee accepts, declines or refers revisions to a parking lot prior to SBP presentation to the Commission and initiation of public comment. SBP reviews final revisions prior to Commission presentation for approval.
- The four-month process is coordinated by Commission staff with writing and ERP facilitator consultants. Four SOC's are at different stages at any given time. ERPs include 12 to 20 public and private providers, academicians and researchers, DHSP and consumers. Specialized groups were used to review two SOC's for revision: the Oral Health Advisory Group, Oral Health SOC; and the Medical Advisory Committee, Medical Outpatient SOC.
- The two-year process to review/revise existing care SOC's and develop nine new ones required 5,000+ hours consultant/staff time, 3,000+ hours volunteer/expert time and 250+ ERP participant hours. That work was complete in 2007, but from 2006 to 2008 three more SOC's were developed: Skilled Nursing, Referral and ADAP.
- To keep SOC's current, the goal is to review each on a four-year cycle coordinated to precede DHSP issuing new or revised contracts. SOC's may be revised more often if there are major changes to the Continuum or services.
- Medical Care Coordination (MCC), combining Medical and Psychosocial CM, required deep study of developments in other chronic diseases. A framework was developed and presented to Service Provider Networks and Caucuses prior to drafting the SOC which was reviewed by four ERPs. The Commission and DHSP received the Los Angeles County Champions of Change Award by the Quality and Productivity Commission for MCC work in November 2015.
- SOC's were in the process of being published on the Commission's website. Executive Summaries at the front of SOC's were designed to also serve as consumer brochures. Presentation PowerPoints can be used as trainings.
- With Commission integration, SBP began to address how to develop prevention standards. Most prevention services in the County are not Ryan White-funded and consequently standards are not legislatively mandated. They are, however, necessary to effectively understand and implement the full HIV Continuum of Care.
- SBP reviewed CDC "Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States, 2014" and the "Los Angeles HIV Prevention Plan, 2004 - 2008." SBP also reviewed prevention standards developed by the New Jersey jurisdiction, the only other jurisdiction to have addressed this work.
- The CDC focuses on high-impact intervention strategies to reduce infection risk among HIV-/at-risk populations and to improve viral suppression among PLWH to reduce transmission likelihood. These two broad goals are reflected in nine specific activities. SBC collapsed these into seven as the basis for goal-oriented standards: HIV Risk Screening and Risk-reduction; Early Detection of HIV Infection; Linkage and Retention in Care and ART Adherence; Antiretroviral Treatment for Care and Prevention, Sexually Transmitted Disease Prevention; Reproductive Health and Pregnancy-Related HIV Prevention; and Medical and Social Factors in HIV Transmission.
- Prevention and care standards must interact at the system level in the HIV Continuum of Care. The PowerPoint slide for each prevention category indicates related care SOC's in red except for Sexually Transmitted Disease Prevention, and Reproductive Health and Pregnancy-Related HIV Prevention. It would be feasible to expand existing care SOC's to incorporate related prevention interventions except for the two requiring new SOC's.
- The HIV Continuum of Care visualizes how prevention and care/treatment interventions impact leverage points across the population flow map. Main integrated prevention and treatment/care intervention domains are: Risk Reduction, Testing, Diagnosis, Linkage to Care, Retention in Care and Re-engagement in Care.
- Societal/Structural Determinants of Health and Individual Determinants of Health are positioned to show their interaction with the Population Flow Map in the revised HIV Continuum of Care.

- SBP developed a timeline through November 2017 to alternate production of prevention SOC's with completion of the commitment to produce Youth, Transgender, Women and Post-Incarcerated Population-Specific Guidelines. In addition, review/revision of existing SOC's needs to continue starting with Substance Abuse and Transitional CM.
- Mr. Johnson noted Commission members often want to sit on PP&A when they first join because they feel they can make the greatest impact where the money is, but SBP determines how the \$50 million spent on HIV in the County is spent. SBP determines how various populations are engaged with SOC's and best practices that can then be used to hold programs, agencies and DHSP accountable to engage populations, e.g., African-American women.
- As she stepped down from SBP and the Commission, Dr. Younai thanked all the Committee members over the years for their work especially her Co-Chairs Toni Braswell, Angélica Palmeros and Mr. Goddard.
- She encouraged those with expertise or comfortable with systems planning to join SBP. Work does have a lasting effect on services, but it is always a snapshot in time and must be continually updated.

(2) Practice Guidelines for the Treatment of HIV Patients in General Dentistry: Guidelines were in the packet.

B. Planning, Priorities and Allocations (PP&A) Committee:

(1) Comprehensive HIV Plan (CHP) Task Force:

(a) CHP Update:

- Mr. Smith, Co-Chair, reported the Task Force has decided to move the deadline to complete the full CHP back one month to ensure there is sufficient time to address required activities.
- The Epidemiology Work Group has merged back into the Task Force. A Data Summit was planned for April. It will provide an overview of data and key terms, how data is used and influences decision-making, and discussion of data collection activities related to the CHP such as SUR, epidemiology, demographics and SDH. Commission members were the primary audience to ensure equal education, but the public will be welcome.
- The two remaining Work Groups were: Goals and Objectives, Ms. Granados and Ms. Sumpter, Co-Chairs; and Community Engagement (previously Needs, Gaps, Barriers and Community Engagement), Ms. Bivens-Davis and Mr. Cockrell, Co-Chairs. Work Groups are open to the public and broad participation is encouraged.
- Ms. Granados reported the Goals and Objectives Work Group's working vision statement was: "Los Angeles County will become a place where new HIV and other Sexually Transmitted Infections are rare and every person regardless of age, gender, race/ethnicity, sexual orientation, gender identify or socio-economic circumstance will have unobstructed access to high quality prevention, treatment and life-extending care."
- Much of the language was modeled on NHAS and adapted to the County. The vision continues to be reviewed.
- Current goals were: 1. Reduce new HIV and other sexually transmitted infections; 2. Optimize health outcomes for all PLWH; 3. Ensure access to and maximize engagement in HIV prevention and care services; 4. Reduce HIV-related disparities and health inequities; 5. Create a collaborative system inclusive of public and private sectors that best responds to HIV, STIs and SDH.
- Ms. Bivens-Davis said the Community Engagement Work Group met 1/6/2015. It continued listening session development to gain information on experiences of under-represented populations to ensure CHP inclusion. Women, undocumented and aging populations were prioritized as the first to address in the next 90 days.
- The Work Group also discussed overlap of work with Goals and Objectives. It chose to use their goals to create the questions that inform that section of the CHP's activities and outcomes.
- They will also collaborate with Operations on a listening session in SPA 1, an under-represented area.
- Ms. Bivens-Davis and Mr. Cockrell will coordinate with Commission staff to schedule conference calls to inform the listening sessions process prior to the next Work Group meeting, 2/2/2015, 1:00 to 3:00 pm.

C. Operations Committee: There was no report.

D. Public Policy Committee:

(1) 2016 State Budget:

- Mr. Fox noted release of the Governor's January state Budget initiates negotiations with the Legislature. The Governor will release a revised Budget in May. After further negotiations, the final Budget is due by July.
- The California HIV Alliance will submit its annual budget requests to Legislative Subcommittees soon. They will likely include further expansion of assistance for PLWH with out-of-pocket costs including for commercial and employer-based health plans. They will likely also ask to fill PrEP access and out-of-pocket gaps.

13. CAUCUS REPORTS:

A. Consumer Caucus:

- Mr. Donnelly said the Caucus met after last month's Commission and discussed feeling safe to bring issues to the table.
- After this Commission, it will elect its third Co-Chair. It was also finalizing the acronym glossary. All were welcome.
- Commission members have expressed interest in several issues including: Los Angeles County Jail visits (pending hire of additional Commission staff); responsibility concerning meet-up app messaging; a welcome package for new members; HIV decriminalization; re-assessment of service delivery; addressing barriers; and timely information delivery.

B. Transgender Caucus: The next meeting will be 2/16/2016, 10:00 am to 12:00 noon, Commission office.

C. Women's Caucus:

- 1) **Inaugural Meeting: January 19, 2015; 10:00 am to 12:00 noon; Commission Offices:** Women were encouraged to stay after the Commission to network and RSVP for the first Caucus meeting.

D. Youth Caucus:

- 1) **2016 Youth Summit:** The Caucus continues work on developing a Youth Summit.

14. CITY/HEALTH DISTRICT REPORTS: City of West Hollywood: Mr. Giugni reported the City with AIDS Project Los Angeles (APLA) and AIDS Healthcare Foundation (AHF) developed a text message program for PrEP information. Text "41411 PrEP" to connect to the County's GetPrEPLA.com site and the City's WeHoLife.org site. Text "41411 Trans" to connect to the GetPrEPLA.com site and the City's Transgender Resource Guide. The City has distributed business cards with the information to all its testing providers. The trans card was also being developed in Spanish.

15. SPA/DISTRICT REPORTS: There were no reports.

16. AIDS EDUCATION/TRAINING CENTERS (AETCs):

A. Version 5 Treatment Update of "What's Up Doc:" January 26, 2016, 9:00 to 10:30 am, Charles R. Drew University:

17. COMMISSION COMMENT:

- Mr. Goddard reported the County delivered its 120-page comprehensive plan for homelessness on 1/13/2016. HIV was not referenced once. Housing must be a cornerstone of any plan to create an AIDS-free generation, but HIV is not a housing priority nationwide or countywide. There is an horrendous problem with chronic and veteran homelessness, but housing is one of the most important SDH for healthy HIV outcomes. Other jurisdictions are showing how housing can improve the AIDS Cascade and grants are being disseminated to combine HIV surveillance and housing data. It is critical to get involved.
- Mr. Martinez announced the Los Angeles County PEP/PrEP Work Group will hold a PrEP Navigator Training on 2/8/2016. The training is designed for PrEP navigators, Linkage To Care workers and testers.
- The Work Group will now meet every other month. The next meeting will be 3/8/2016. Location to be determined.
- Mr. Cockrell announced the first Impulse Los Angeles event of 2016 will be "Pulse of the City," an open forum, interactive experience of artwork, exposition and various treatment as prevention options. There will be food, a hosted bar and on-site HIV testing. The event will be on 1/28/2016, 7:30 to 10:30 pm, at the AHF Theater, 6500 Sunset Boulevard, Hollywood.
- ➡ Mr. Rosales will email the flyer for the 2/3/2016, 1:30 pm, Los Angeles County HOPWA Advisory Committee meeting. It will consider the County's recently released homeless plan which does not address HIV. Public Policy will participate.

18. ANNOUNCEMENTS: There were no announcements.

19. ADJOURNMENT: The meeting adjourned at 1:45 pm.

A. In Memory of Horacio Roque Ramirez and Jacques Chambers:

- Mr. Ballesteros noted Mr. Chambers worked at APLA for many years. By 1990, he was also volunteering to work with very ill PLWH having difficulty with approval of their disability applications. He helped hundreds of people put together Medi-Cal applications, go with them to appeals and provide encouragement. For nearly 30 years, he continued to help others as well as write articles on how to navigate benefits. His partner, Milan, passed away from HIV complications, but he continued to write articles as late as seven months ago. Though not HIV+, he worked tirelessly for PLWH.

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- Mr. Land said Mr. Ramirez was a PLWA in his Pasadena support group. He had been in and out of shelters fighting substance abuse. He was afraid to take his medications because of people beating him up, taking the medications or killing him. He passed away alone on 12/25/2015 somewhere in Silver Lake. He is a reminder of lives lost in silence.
- B. **Roll Call (Present):** Ballesteros, Bivens-Davis, Cockrell, Donnelly, Enfield, Fox, Goddard, Gordon, Granados, Green, Imitates Dog, Kochems, Lopez, Maddox, Martinez, Muñoz, Palomo, Péna, Pérez. Rivera, Rodriguez, Roman/Preciado, Samone-Loreca, Stalter, Sumpter, Watts, Winder, Zaldivar, Land, Rosales.

MOTION AND VOTING SUMMARY

MOTION 1: Approve the Agenda Order with Item 12.A moved to after Item 7.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the 5/14/2015 and 12/10/2015 Commission on HIV meeting minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED